

UNITED STATES DISTRICT COURT FOR THE
DISTRICT OF MASSACHUSETTS

U.S. DISTRICT COURT #04-10707RGS

-----X
Compass Bank for Savings)
Plaintiff)
vs)
Manuel A. Jorge, Discover Bank and)
Internal Revenue Service)
Defendants)
-----X

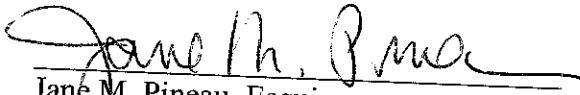
CERTIFICATE OF SERVICE

I, Jane M. Pineau, certify that I caused copies of the Summons, Civil Action Cover Sheet, Complaint for Interpleader and Tracking Order to be served upon the Internal Revenue Service by mailing the same certified mail, return receipt requested to the following addresses:

1. United States Attorney
United States Courthouse
1 Courthouse Way – Suite 9200
Boston, MA 02210
2. Internal Revenue Service
Area Director
P.O. Box 9112, Stop 20800
JFK Federal Building
Boston, MA 02203
3. U.S. Department of Justice
Tax Division
Ben Franklin Station
Washington, DC 20044

Copies of the certified mail return receipts are attached hereto.

Dated: May 10, 2004


Jane M. Pineau, Esquire
446 County Street
New Bedford, MA 02740
(508) 984-1414
BBO#555151

7002 0510 0001 8983 1067

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Postmark
Here

3/16/04

Sent To U.S. Attorney
United States Courthouse
 Street, Apt. No., 1 Courthouse Way - Suite 9200
 or PO Box No.
 City, State, ZIP+4 Boston, MA 02210

PS Form 3800, January 2001 See Remarks for details and restrictions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States Attorney
 United States Courthouse
 1 Courthouse Way-Suite 9200
 Boston, MA 02210

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent
- B. Received by (Printed Name) [Signature] ☐ Addressee
- C. Date of Delivery 3/16/04
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7002 0510 0001 8983 1067

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Postmark
Here

3/16/04

Sent To: Internal Revenue Service
 Street, Apt. or PO Box No. Area Director P.O. Box 9112
 City, State, ZIP+4 Step 20800 JFK Federal Building
 Boston, MA 02203

PS Form 3800, January 2001

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Internal Revenue Service
 Area Director
 P.O. Box 9112
 Stop 20800
 JFK Federal Building
 Boston, MA 02203

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Addressee

[Signature]

☐ Agent

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

[Signature]

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

7002 0510 0001 8983 1128

Domestic Return Receipt

102595-02-M-1035

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$.60	Postmark Here 3/16/04
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.65	

Sent to **U.S. Department of Justice**
 Street, Apt. No., **TAX DIVISION**
 or PO Box No. **Ben Franklin Station**
 City, State, ZIP **Washington, DC 20044**

PS Form 3811, January 2001 See Reverse for Instructions

7002 0510 0001 8983 1050

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Department of Justice
 Tax Division
 Ben Franklin Station
 Washington, DC 20044

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

APR 12 2004

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7002 0510 0001 8983 1050

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035